

CRIMINAL RECORD EXEMPTION TRANSFER REQUEST

The Department may consider transferring an individual's active criminal record exemption from one state-licensed facility to another state licensed facility. ***The facility must submit the transfer request before the individual has client contact.***

The facility licensee, administrator, or director who is seeking the exemption transfer must verify the individual's identity and include a copy of the person's California driver's license or a valid photo identification issued by another state or the United States government if the person is not a California resident; a duty statement or job description; and a Criminal Record Statement (LIC 508). The LIC 508 must contain an explanation(s) of all convictions. Additionally, a new Child Abuse Central Index (CACI) check must be submitted **if** the exemption transfer request is to a facility serving children and the date of the CACI inquiry was made prior to January 1, 1999. The CACI must be mailed directly to the Department of Justice with the applicable fee.

PLEASE TYPE OR PRINT LEGIBLY	DATE:
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PLEASE TRANSFER THE CRIMINAL RECORD EXEMPTION FOR:

LAST NAME	FIRST NAME	MIDDLE INITIAL
CA DRIVER'S LICENSE # or ID #:		DOB:
LIS ID#:		SSN: (OPTIONAL) ____

FROM THE FOLLOWING FACILITY:

NAME OF FACILITY:	FACILITY NUMBER:
STREET ADDRESS:	
CITY	STATE
ZIP CODE	

TO THE FOLLOWING FACILITY:

NAME OF FACILITY:	<u>Transferee Association Type</u>	
FACILITY NUMBER:	DATE OF EMPLOYMENT:	<input type="checkbox"/> Facility Administrator <input type="checkbox"/> Corporation Board Member <input type="checkbox"/> Employee <input type="checkbox"/> Certified Home <input type="checkbox"/> Licensee/Applicant <input type="checkbox"/> Non-client Adult Resident <input type="checkbox"/> Partnership Member <input type="checkbox"/> Spouse of Licensee
STREET ADDRESS:		
CITY	STATE	ZIP CODE
<i>I certify I have verified the above individual's identity and have enclosed a copy of the individual's photo I.D.</i>		Title (licensee, administrator, director)
Signature		

FOR DISTRICT OFFICE USE ONLY

DATE OF EXEMPTION TRANSFER ENTRY:	INITIAL OF PERSON ENTERING TRANSFER:
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